

Conference Scholarship Application Information

The Conference Scholarship program is administered by the Family Center for Children and Youth with Special Health Care Needs (Family Center) is the statewide parent-directed center within Children's Special Health Care Services (CSHCS), which offers emotional support, information, and connections to community-based resources to families of children and youth with special health care needs, including all children who have, or are at an increased risk for physical; developmental; behavioral; or emotional conditions.

The Family Center is fortunate to have been granted privately-supported funds from a very generous bequest of Dr. James T. Pardee, a Dow Chemical Company founder and his wife through the Children's with Special Needs Fund (CSN Fund). The CSN Fund supports unique services and projects for children with special health care needs that are not provided by state or federal funds. Including parents/youth attending conferences that relate to caring for their child with special needs.

There are many worthwhile conferences related to children and youth with special health care needs. As you can imagine, the requests we receive usually exceed our budget. When two or more families want to go to the same conference, we can choose only one family to attend. Priority is given to families who have never attended a conference. In addition, conference scholarships are limited to one every two years per family.

Caring for a child with special health needs is certainly an educational experience. Most of us have had to learn about conditions, treatments, and procedures that we would **never** have imagined.

Sometimes, the information we seek is really hard to find. Either the condition is extremely rare, or research and treatment are moving ahead so rapidly that the information available in writing is outdated.

The Family Center staff understands that in order to give our kids the best possible care, we need to have relevant and current information. We also know that we often get the most helpful tips by talking with other parents/professionals who have experienced similar situations or who are on the same journey.

Here's how it apply:

Families who reside in Michigan are welcome to apply for a scholarship to help cover expenses for one parent and/or one youth to attend ***a conference related to their child's, or their own diagnosis, condition or treatment.*** We must receive your application at least 45 days before the start of the conference.

Fill out the application (page 3), write a letter to the Family Center and tell us the name, date and location of the conference you would like to attend, the reason why you want to go, a budget that describes the exact amount of funding you are requesting (page 5 and 6) and a copy of the conference brochure with your letter.

Mail or fax these materials to:

***Family Center
Lewis Cass Building - 6th Floor
320 S. Walnut St.
Lansing, MI 48913
Fax: (517) 241-8970***

A Family Center staff member will review your request and make a recommendation about attendance. You will receive a letter informing you of the decision that has been made.

If the scholarship has been approved you will receive a letter, a *Conference Scholarship Agreement*, and a W-9 (for tax reporting purposes). Please sign and returned both original documents. Once these are received the Family Center will issue a check request for half of the amount approved in your application for travel expenses. This process usually takes up to 45 days.

While you are at the conference, have a great time, and learn a lot! Collect materials/handouts from all conference sessions, and your **original itemized receipts**. When you return write a brief Conference Report that describes what you learned at the conference that you would like to share with other families. Mail these items and your final *Conference Scholarship Expense Report* and *Conference Scholarship Evaluation*.

Once the documentation is received, we will issue a check request for the final approved amount.

Conference Scholarships Guidelines

Your Responsibilities

You have the opportunity to increase your knowledge on your child's special need/health condition. At the conference you will have a chance to network with other parents/professionals often from across the country, with similar interests.

A large part of offering conference scholarships to families is the idea that once a family attends a conference they will share what they learned with other parents within the State of Michigan. We ask each parent and/or youth that attends a conference to write a Conference Report highlighting some of their conference experiences. We keep a copy of your report in our files for other parents who may want to attend the same conference in the future. We may also summarize your participation in the conference in our newsletters to families of children with special needs.

The Conference Report can be very simple. Follow this outline or use your own format:

- I. General Information – Conference Title, Dates, Location, etc.
- II. Sessions Attended – 2-3 sentence summary on each session
- III. What you Learned at the Conference
- IV. Would you Recommend this Conference to other families? Why or Why Not?

You have the responsibility to follow State of Michigan policy for travel expenses and ethics. The State has specific guidelines for allowable expenses, necessary receipts and timeliness for reimbursement. Please note that our scholarships can cover the following items when they are directly related to your conference attendance:

- Registration – will cover one parent and/or one youth with special needs
- Airfare for one parent and/or one youth with special needs - please provide a printout of estimated airfare
- Mileage - please provide a MapQuest or similar printout showing distance from home to event.
- Parking Fees
- Ground Transportation
- Lodging – will cover day before conference, if needed, through the end of the conference date
- Childcare – reimbursed for child with special needs
- Meals not provided by conference/hotel – will cover for one parent and/or one youth with special needs. State rates and rules apply (see enclosed document). Only non-alcoholic beverages will be included for reimbursement. Must submit original itemized receipts to qualify for reimbursement.

You must make all of your own arrangements for the above items, get **original itemized receipts** for every approved expense, and return documentation and any unused scholarship money by the deadline.

If you receive additional financial support from another organization (such as a church, business or agency), please make sure you're clear on what expenses that organization will cover prior to completing the budget information within the Conference Scholarship Parent/Youth Application. This will insure that you seek the correct amount of funding from the Family Center.

Conference Scholarships Parent / Youth Application

Who is applying: ☐ Parent ☐ Youth (14 yrs or older)

Parent Name: _____ Youth Name: _____

Address: _____ City: _____ Zip code: _____

Daytime Phone: () _____ County: _____

Name of Conference: _____

Dates: _____ to _____ Location (City, State): _____

1. Has your family received a conference scholarship from the Family Center in the past?

☐ No

☐ Yes

Date Attended: _____

2. Have you ever attended a conference related to your diagnosis (youth) or your child with special needs diagnosis, condition or treatment?

☐ No

☐ Yes

Date Attended: _____

3. How will you or your family benefit from attending the conference you propose?

4. What is your child/youth's name and date of birth? (for parent applications only)

5. What is your/your child's diagnosis?

For information or assistance, please phone our *Family Phone Line*,

Conference Scholarships Travel Rates

Effective Date January 1, 2015 (Rates subject to change)

Mileage Rates

Guidelines for mileage: \$.575 per mile

1. Total roundtrip mileage will be verified for accuracy, you may use MapQuest or similar printout showing distance from home to event.
2. You do not need to submit gas receipts, reimbursement is for miles travelled only.

Lodging Rates

1. Please make sure to account for any taxes that may not be included in the lodging rates suggested on conference brochure. Call hotel, if necessary, for any additional information needed.
2. Verify hotel parking rates, if needed, and include in your budget under parking.

Meals

1. Must provide **original itemized receipts** detailing food, beverages, and tip amount.
2. Only non-alcoholic beverages are allowable for reimbursement.
3. We will reimburse for one parent and/or one youth, as appropriate.
4. Meal rates are firm, therefore, we will not reimburse for amounts exceeding the amounts listed on the table below, subject to change.
5. Tips will be reimbursed up to 20% of total bill.
6. Only meals not provided by the conference/hotel will be approved for reimbursement.

	Maximum Amount Allowed Per Meal	
	In state	Out of State
Breakfast	\$8.50	\$10.25
Lunch	\$8.50	\$10.25
Dinner	\$19.00	\$23.50

Childcare / Private Duty Nursing

1. Must obtain a signature on the *Conference Scholarship Expense Report* from childcare provider.
2. Childcare expense is for reimbursement for child with special needs care while parent is in transition to/from or during the conference only.
3. For Private Duty Nursing, please attach an estimate for pre-approval.

	Less than 4 hours	More than 4 hours
Childcare	\$25	\$50

Conference Scholarships Budget Worksheet

Effective Date January 1, 2015 (Rates subject to change)

Instructions: Please complete this worksheet as a tool to help you fill out the *Proposed Budget* form (page 6) .
Please submit *Budget Worksheet* and *Proposed Budget* form with application.

Mileage *please provide a MapQuest or similar printout showing distance from home to event.

Miles from home to event	Multiply	Round Trip Miles	Multiply	Reimbursement Rate	Total Mileage Reimbursement
	X 2	=	x	\$ 0.575	\$

Other Transportation Expense:

Travel Date	Type of Transportation Taxi/Bus/Train/Parking/Tolls	Explanation of Need	Total
			\$
			\$
Total:			\$

Hotel:

Dates	Name and Address of Hotel	Phone Number Of Hotel	Number of Nights	Amount per Night	Additional Fees or Tax	Total
				\$	\$	\$

Meals: *must submit **original itemized receipts** to qualify for reimbursement

	Dates Requested	Maximum Amount Allowed Per Meal		Total
		In state	Out of State	
Breakfast		\$8.50	\$10.25	\$
Lunch		\$8.50	\$10.25	\$
Dinner		\$19.00	\$23.50	\$
Total Meals:				\$

Childcare: *reimbursed for child with special needs

First Date and Time Childcare is needed	Last Date and Time Childcare is needed	Total Days	Rate \$50 4 hrs or more \$25—4 hrs or less	Total to be paid to Childcare Provider
				\$

Conference Scholarships Proposed Budget

Please check all boxes that apply, provide necessary details, and total dollar amount requested for each item.

Registration Fees

- | | | |
|--|-------------------------------------|----|
| <input type="checkbox"/> Conference registration | <input type="checkbox"/> One parent | \$ |
| | <input type="checkbox"/> One youth | \$ |

Transportation & Lodging

- | | | |
|---|-------------------------------------|----|
| <input type="checkbox"/> Roundtrip airfare | <input type="checkbox"/> One parent | \$ |
| | <input type="checkbox"/> One youth | \$ |
| <input type="checkbox"/> Mileage reimbursement at .575 cents x _____ miles | | \$ |
| <input type="checkbox"/> Parking fees and Tolls in the amount of | | \$ |
| <input type="checkbox"/> Ground transportation (taxi, bus, shuttle) in the amount of | | \$ |
| <input type="checkbox"/> Lodging: \$ _____ per night x _____ number of nights
(Please remember to include taxes) | | \$ |

Other

- | | |
|---|----|
| <input type="checkbox"/> Meals (See worksheet and state rates sheet enclosed) | \$ |
| <input type="checkbox"/> Childcare (See worksheet to calculate total allowed) | \$ |

TOTAL AMOUNT REQUESTED

\$

Attach conference brochure or program, confirming dates and conference registration fees.

*****Please note: original itemized receipts, including tip amount, must be returned for reimbursement.**